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**SF TAMPERE17**

**To be completed by the Host Institution**

# ERASMUS+

**Letter of Confirmation**

**It is hereby certified that**

**Mr / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**was an ERASMUS+ student at our institution**

**between the following dates**

**date of arrival\***

**\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / 201\_\_\_\_**

day month year

**date of departure\*\***

**\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ /201\_\_\_\_\_**

day month year

**in the Department(s) of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Stamp and signature**

### Name of the signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Erasmus Code of the Host Institution:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*Date of arrival: the first day when the student has to be present at the host institution.***

***\*\*Date of departure: the last day when the student has to be present at the host institution.***

**Please note that this document may not be signed earlier than one week before the date of departure. The Erasmus grant will be paid according to these dates.**